



Department of Veterans Affairs

Bay Pines VA Medical Center

DECLINATION FORM FOR IMMUNIZATIONS/TITERS

Name: _____
Last Four of SSN: _____

DOB: _____

HEPATITIS B VACCINE DECLINATION (MANDATORY IF DECLINED)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, **I decline Hepatitis B Vaccination at this time.**

I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

☐ Hepatitis B (Series of three injections)

Employee Signature

Date

MEASLES, MUMPS, RUBELLA, VARICELLA (CHICKENPOX) DECLINATION

I understand that due to possible occupational exposure, I may be at risk of acquiring Measles, Mumps, Rubella, and/or Chicken Pox. I have been given the opportunity to be vaccinated at no charge for the immunization(s) indicated below. However, **I am declining at this time.**

I understand that by declining these vaccines, I continue to be at risk of acquiring and transmitting these diseases in the Medical Center or community. If at any time during my employment I want to be vaccinated, I can receive the appropriate vaccine at no charge by contacting Occupational Health.

☐ Measles, Mumps, Rubella (MMR)
☐ Varicella (Chicken Pox)

Employee Signature

Date